

## Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



## SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

MAI-CoC Sharing Integration Innovations  
Community of Practice – Session #2:  
Strategies for Managing and Treating Hepatitis C Infection in  
Patients with Behavioral Health Challenges

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Division of Infectious Diseases  
Beth Israel Deaconess Medical Center



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*The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).*

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## How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the "raise your hand" button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)

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**Slides for today's CoP are available on  
the CIHS website at:**

**<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/communities-of-practice>**

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## **Disclosures**

Camilla S. Graham, M.D., M.P.H. is a part time employee of TREK Therapeutics, a for-profit company, organized as a public benefit corporation.

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## Ms. Jones

- 58 y/o woman with bipolar disease, GERD, arthritis
- IDU stopped 20 years ago; never heavy alcohol and none now
- Lives in a structured environment that supervises medications
- Diagnosed with hepatitis C in 2006
- Has seen Hepatology once, told she was not an interferon-alfa candidate, never went back
- Has liver enzymes checked by primary care once a year but no other specific intervention

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## Recent Exam and Labs

- Seen for routine physical
- Reports mental health provider has recently increased one of her medications
- Complains of fatigue
- No findings concerning for liver disease
- ALT 43, AST 60 (normal less than 40)
- WBC 4,300, Hgb 12.1, Platelets 145,000

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## What are our concerns?

- She has cirrhosis
- She needs treatment urgently
- Ensure stability of mental health
- Have plan for close monitoring and intervention if she decompensates from a mental health perspective
- Drug-drug interactions with HCV treatment

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## Barriers to HCV Care

- 50% to 75% of people with HCV infection have not been diagnosed
  - 49% of persons with positive HCV antibodies have not had HCV RNA testing (viral load)<sup>1</sup>
    - 20% - 30% spontaneously clear infection but must have viral load testing to know they do not have active infection
- Many patients never see a hepatitis C specialist
  - HCV specialists may include hepatology, some gastroenterology, some infectious disease, some internal medicine
  - 43% in a CDC-sponsored study; likely higher in certain groups <sup>2</sup>
- If someone is deemed “not a treatment candidate” their candidacy is often not reviewed again
- Non-HCV specialists may not recognize signs of advanced liver disease nor advances in hepatitis C treatment

<sup>1</sup><https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a4.htm>; <sup>2</sup>Foster; Dig Dis Sci 2016; 61:3469-3477

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## Barriers to HCV Care, cont'd.

- Patients may harbor beliefs about hepatitis C that make them reluctant to seek care:
  - The treatment is worse than the HCV
    - Interferon almost killed someone I know
  - Everyone has to get a liver biopsy
    - Someone I knew almost died from a biopsy
- Doctors don't like to treat people like me
  - I feel judged by hepatitis doctors
- Treatment is too expensive

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## What Doctors Like and Don't Like



### Like:

- Organized
- Neatly dressed
- Attentive
- Pleasant

### Don't like:

- Disorganized
- Distracted
- Disrespectful looking
- Young people?

### Neutral:

- Race
- Gender
- Class
- "Tough looking"

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## Patient Advocacy in Hepatitis C

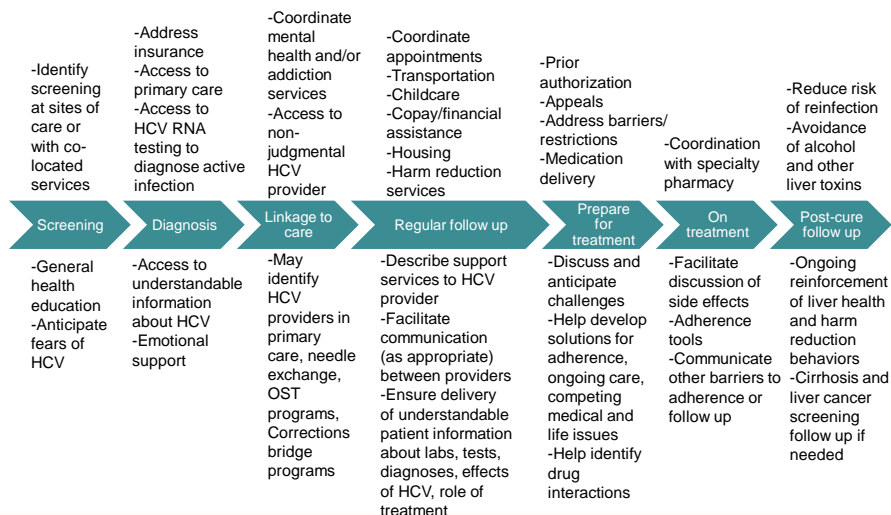
- Provides services to patients as they navigate the healthcare system
- Works directly with patients to ensure that they have a voice in their care
- Works to make sure that patients have sufficient information to promote informed decision making
- Plays an informational role
- Is committed to helping patients make informed choices and access resources
- Ensures that a patient's wishes are the guiding force behind decisions affecting medical care and the withholding of care
- Collaborates effectively with other members of the healthcare team

<https://pacboard.org/2016/03/09/patient-advocacy-vs-medical-advocacy-view-from-the-pacb/>

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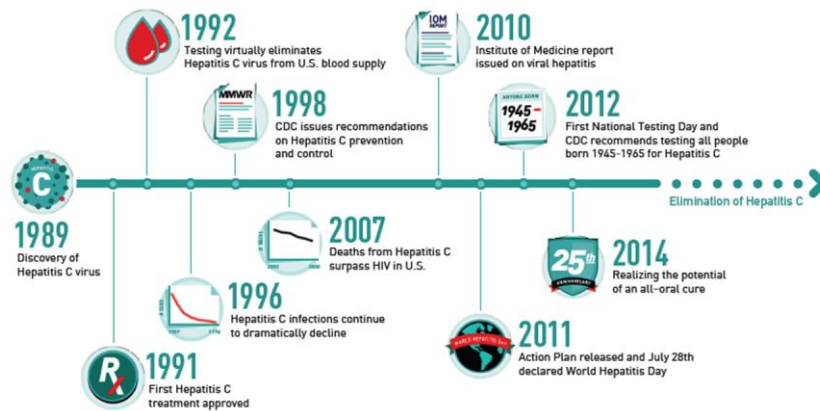
## Patient Journey in Hepatitis C: Role of Patient Advocacy



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## Working Towards the Elimination of Hepatitis C Virus (HCV)

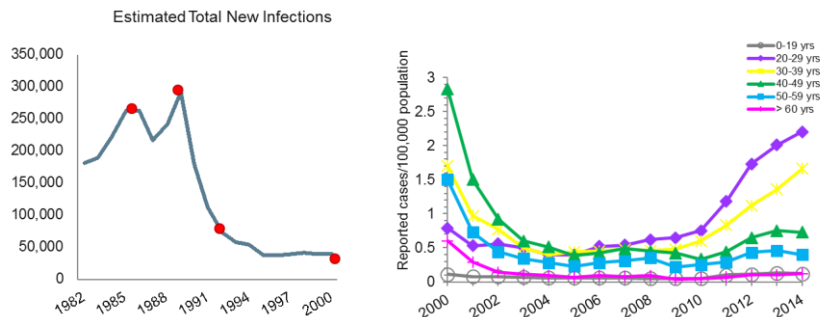


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## Incidence of HCV Infection Decreased For Over 20 Years but is Now Increasing...

- Decreased Rate of New Infections
  - 1986: Indirect blood screening for HCV/HIV prevention measures
  - 1989: Discovery of HCV
  - 1992: Anti-HCV serologic test licensed
  - 2001: Needlestick Safety and Prevention Act



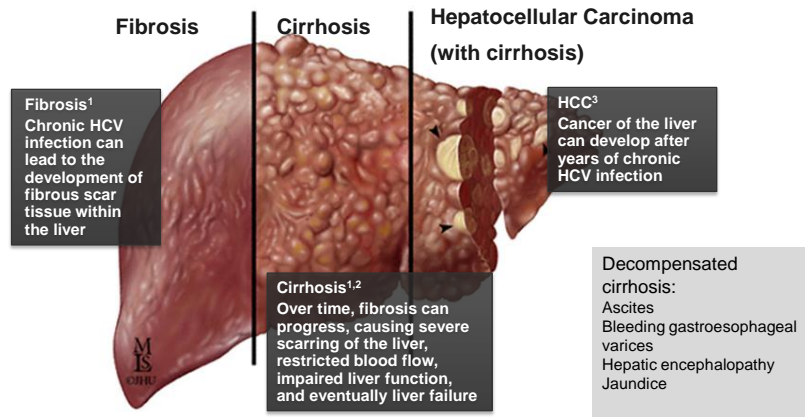
CDC: Division of Viral Hepatitis: Statistics and Surveillance (NNDSS)

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## Chronic HCV Infection May Lead to Chronic Liver Disease and Liver Cancer



Chronic liver disease includes fibrosis, cirrhosis, and hepatic decompensation; HCC=hepatocellular carcinoma.

1. Highleyman L. Hepatitis C Support Project. [http://www.hcvadvocate.org/hepatitis/factsheets\\_pdf/Fibrosis.pdf](http://www.hcvadvocate.org/hepatitis/factsheets_pdf/Fibrosis.pdf). Accessed August 18, 2011

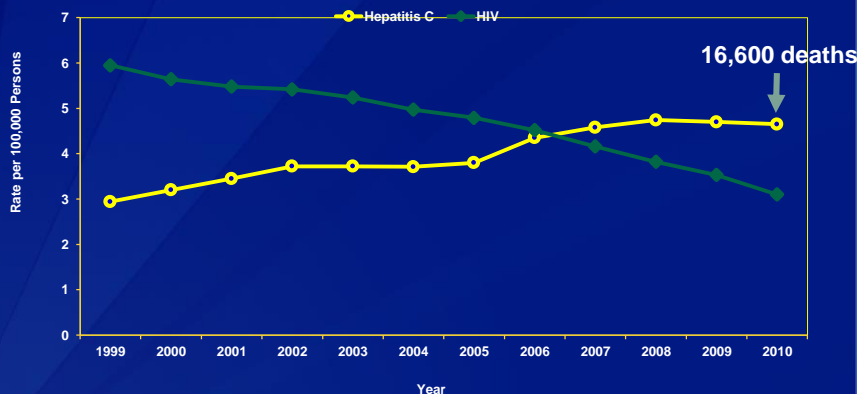
2. Bataller R et al. *J Clin Invest*. 2005;115:209-218.

3. Medline Plus. <http://www.nlm.nih.gov/medlineplus/ency/article/000280.htm>. Accessed August 28, 2012; 4. Centers for Disease Control and Prevention. <http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm>. Accessed May 8, 2012.

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## Deaths Due to HCV Infections Now Exceed Those Due to HIV Infection



Number of HCV-related deaths may be over 60,000 because of under-reporting on death certificates

Ly KN, Xing J, Kleven RM, Jiles RB, Holmberg SD. Causes of death and characteristics of decedents with viral hepatitis, United States, 2010. *Clin Infect Dis*. 2014 Jan;58(1):40-9. Mahajan, IDSA 2013

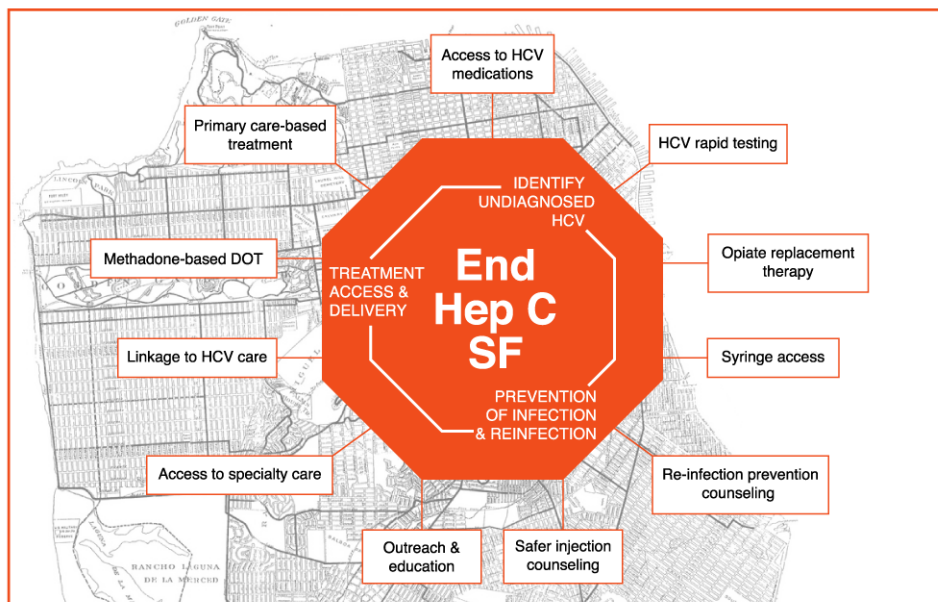
## National Academy of Sciences Consensus Report on Feasibility of HCV Elimination

- It is feasible to eliminate HCV in the US<sup>1</sup>
  - Approximately 10% of patients with HCV infection (including those currently undiagnosed) have been treated with DAAs in the US
- Barriers to elimination include:
  - Inadequate surveillance
  - Lack of screening
  - Insufficient linkage and retaining patients in care
  - Ongoing stigma (especially against people who inject drugs) and lack of care in Corrections
  - High price of HCV regimens

1. <https://www.ncbi.nlm.nih.gov/books/NBK368067/>

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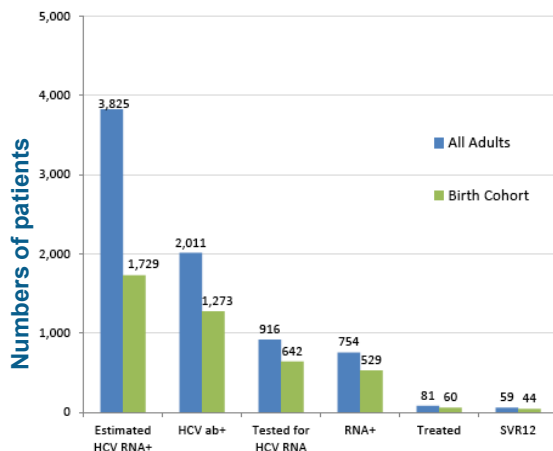


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## Fewer than 5% of Patients with HCV Infection Were Treated at Denver Health

Figure 3. HCV Care Continuum for New DH Patients 2008-2015



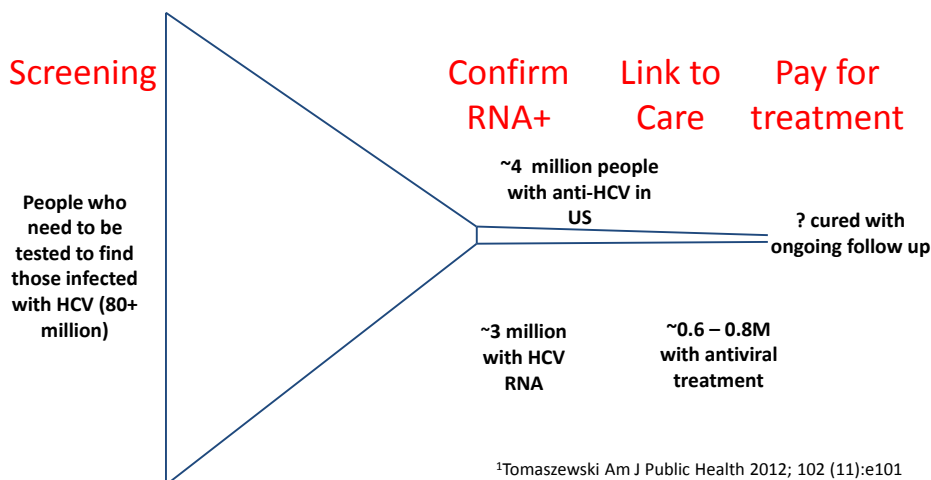
Retrospective review of HCV care at Kaiser Permanente Colorado and Denver Health found that fewer than 5% of the estimated population with HCV infection who were newly diagnosed from 2008 through 2014 were treated. **Indicates lack of necessary testing and linkage to care.**

Rowan SE, Durfee J, Tabano DC, et al. The association between HCV and comorbid conditions in 2 large patient cohorts. CROI, February 13-16, 2017, Seattle. #528

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## Many Gaps in HCV Care Cascade



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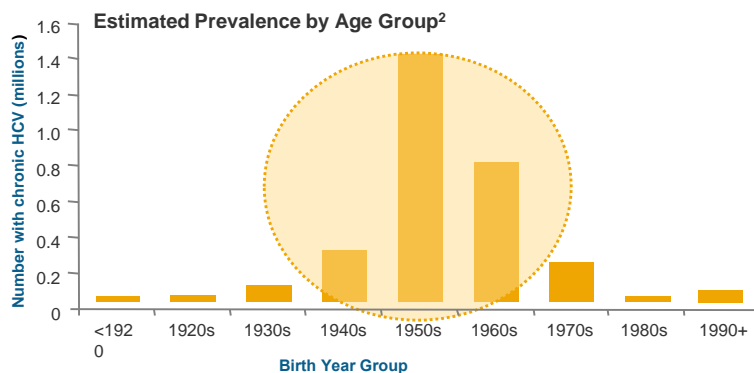
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## 75% of People with Hepatitis C in the U.S. are Baby Boomers

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### Baby Boomers (Born in 1945–1965) Account for 76.5% of HCV in the U.S.



**An estimated 35% of undiagnosed baby boomers with HCV currently have advanced fibrosis (F3-F4; bridging fibrosis to cirrhosis)<sup>3</sup>**

1. Centers for Disease Control and Prevention. *MMWR*. 2012;61:1-32; Adapted from Pyenson B, et al. *Consequences of Hepatitis C Virus (HCV): Costs of a baby boomer Epidemic of Liver Disease*. New York, NY: Milliman, Inc; May 18, 2009. <http://www.milliman.com/expertise/healthcare/publications/ri/consequences-hepatitis-c-virus-RR05-15-09.pdf>. Accessed April 1, 2015. 2. McGovern L, et al. *Hepatology*. 2013;55(1):144-155.

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## Who Should Be Tested for HCV?

### CDC Recommendations

- Everyone born from 1945 through 1965 (one-time)
- Persons who ever injected illegal drugs
- Persons who received clotting factor concentrates produced before 1987
- Chronic (long-term) hemodialysis
- Persons with persistently abnormal ALT levels.
- Recipients of transfusions or organ transplants prior to 1992
- Persons with recognized occupational exposures
- Children born to HCV-positive women
- HIV positive persons

\*Only pertains to persons with normal liver enzymes; if elevated liver enzymes need HBV and HCV testing

### USPSTF Grade B Recs\*

- Everyone born from 1945 through 1965 (one-time)
- Past or present injection drug use
- Sex with an IDU; other high-risk sex
- Blood transfusion prior to 1992
- Persons with hemophilia
- Long-term hemodialysis
- Born to an HCV-infected mother
- Incarceration
- Intranasal drug use
- Receiving an unregulated tattoo
- Occupational percutaneous exposure
- Surgery before implementation of universal precautions

Smith et al. Ann Intern Med 2012; 157:817-822. Moyer et al. Ann Intern Med epub 25 June 2013

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## Beth Israel Deaconess Baby Boomer HCV Testing Program

### Assembled a Core Team

- Primary Care, Infectious Disease, Hepatology, Information Systems (EHR), and Laboratory Medicine

### Collaboration with Laboratory Medicine

1. Expand capacity for increased volume: HCV Ab and RNA viral load testing
2. Provided a database report of all positive HCV Ab tests for Nurse Educator
3. Subsequently added report comment indicating *"Recommended follow-up for positive HCV Ab results is viral load testing"*

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https://holmes.caregroup.org/scripts/mgwms32... - BIDMC KERMIT, FROG 239-86-60 M ... X How to take a screen

File Edit View Favorites Tools Help

**KERMIT, FROG 239-86-60 M 65 JAN 01, 1950** My Schedule My Lists Tasks PatientSite Mail Find

Profile Problems/Hx Results Reports Notes Medications Orders Sheets

**Address** Demographics Providers / Caregivers / Organizations Print Summary  
 Street: 1 Sesame St  
 City: Boston, MA 02125  
 Insurance: No insurance  
 Phone: 617-000-0000  
 Patient Phone: 781-286-1113  
 Work Phone: 781-286-1113  
 Other Phone: 7812861112

**Advance Care Planning**  
 Health Care Proxy: Ms Piggy

**Insurance PCP**  
 CARTER, ALAN C MD

**Pharmacy/Eligibility**  
 CVS/pharmacy #0114  
 CVS Caremark #44-ORDER Pharmacy

**Primary Provider:** Cohen, Robert A MD  
**Gastroenterology:** Sepersky, Robert MD  
**External Records:** Atrius EpicWeb  
 \*\* No Atrius association on file.  
 Please review patient address in the Atrius record to confirm record match is correct.  
 Milton Hospital  
 Anna Jaques Hospital  
 Cambridge Health Alliance

**Alerts Edit...**  
 Diabetes alerts  
 Heart Failure alerts

**Reminders Edit...**  
 Hepatitis C Antibody  
 Colonoscopy  
 PSA  
 HIV Antibody  
 PHQ-2 Depression Screening  
 Tobacco  
 Zoster Vaccination Live (Zostavax)

**To Do List**  
 None

**Allergies** Last Updated on 09/16/2014  
 Influenza Virus Vacc, Specific  
 amiodarone  
 Erythromycin Base  
 hydrochlorothiazide  
 Neosporin AF  
 Penicillins  
 Sulfa (Sulfonamide Antibiotics)

**Outpatient Medications** Last Updated on 11/03/2014  
 There are hem/onc orders  
 Last Prescribed Med  
 03/23/2015 epinephrine (EpiPen)  
 03/20/2015 colchicine...  
 03/20/2015 methotrexate sodium  
 12/19/2014 folic acid...  
 11/03/2014 folic acid...  
 11/03/2014 hydroquinone (Lustra)

**Alert entry options for 'Hepatitis C Antibody' for KERMIT FROG**  
 Screening for Hepatitis C is recommended for all patients born between 1945 and 1965. For reference  
 Hepatitis C Birth Cohort CDC Guidelines Annals  
 Hepatitis C Birth Cohort Info Clinicians  
 Hepatitis C Birth Cohort Info Patients  
 New Lab order  
 New Screening Sheet Entry for 'Hepatitis C Antibody'

Back

## Educational Tool for Providers/Patients (ONE PAGE)

### Who Should Be Tested for Hepatitis C?

**New: Anyone born between 1945 and 1965 should be tested once, regardless of risk factors**

In addition, patients with the following risk factors:

- Elevated ALT (even intermittently)
- A history of illicit injection drug use or intranasal cocaine use (even once)
- Needle stick or mucosal exposure to blood
- Current sexual partners of HCV infected persons
- Received blood/organs before 1992
- Received clotting factors made before 1987
- Chronic hemodialysis
- Infection with HIV
- Children born to HCV-infected mothers

### Why Test People Born Between 1945-1965?

- 76% of the ~4 million people with HCV infection in the US are baby boomers
- In the 1945-1965 cohort:
  - All: 1 out of 30
  - Men: 1 out of 23
  - African American men: 1 out of 12
- Up to 75% do not know they have HCV
- 73% of HCV-related deaths are in baby boomers

### What Can Happen to People with Hepatitis C?

- It is important to identify if patients have cirrhosis
- Patients with cirrhosis are at risk for liver cancer (HCC) and liver decompensation (ascites, variceal bleed, hepatic encephalopathy, jaundice)
- Hepatitis C is curable, and cure reduces the risk of severe complications, even with cirrhosis
- Refer patients to a specialist who has experience treating hepatitis C to see if they need treatment

### Hepatitis C Antibody (HCV Ab)<sup>1</sup>

Negative (-)

Positive (+)

Check HCV RNA (viral load)

Negative (-)

Positive (+)

Hepatitis C Infection

Evaluation and referral

STOP here if no concern for acute infection or severe immunosuppression. If so, check HCV RNA.

These people are NOT chronically infected.

- Detectable HCV Ab with negative HCV RNA can occur with spontaneous clearance of infection (about 25% of people exposed to HCV will clear; verify HCV RNA negative in 4 to 6 months) or with treatment of HCV.

<sup>1</sup>Example ICD-9 codes for HCV antibody testing:

- V73.89: screening for other specified viral disease
- V01.79: contact with or exposure to other viral diseases
- 790.4: nonspecific elevation of levels of transaminase; use if patient ever had an elevated ALT

### Counsel Patients with HCV Infection About Reducing Risk of Transmission

- Do not donate blood, body organs, other tissue, or semen
- Do not share personal items that might have small amounts of blood (toothbrushes, razors, nail-grooming equipment, needles) and cover cuts and wounds
- HCV is not spread by hugging, kissing, food or water, sharing utensils, or casual contact
- If in short term or multiple relationships, use latex condoms. No condom use is recommended for long-term monogamous couples (risk of transmission is very low)

### Initial Management

- Evaluate alcohol use (CAGE, AUDIT-C) and recommend stopping use
- Vaccinate for hepatitis A and hepatitis B if not previously exposed
- Evaluate sources of support (social, emotional, financial) needed for HCV treatment

Smith BD et al. MMWR. August 17, 2012/61(RR04):1-8. Adapted from Winston et al. Management of hepatitis C by the primary care provider: Monitoring guidelines, 2010; [http://www.hcadvocate.org/hepatitis/factsheets\\_pdf/PCP\\_web\\_10.pdf](http://www.hcadvocate.org/hepatitis/factsheets_pdf/PCP_web_10.pdf)

**Risk-Based Screening**

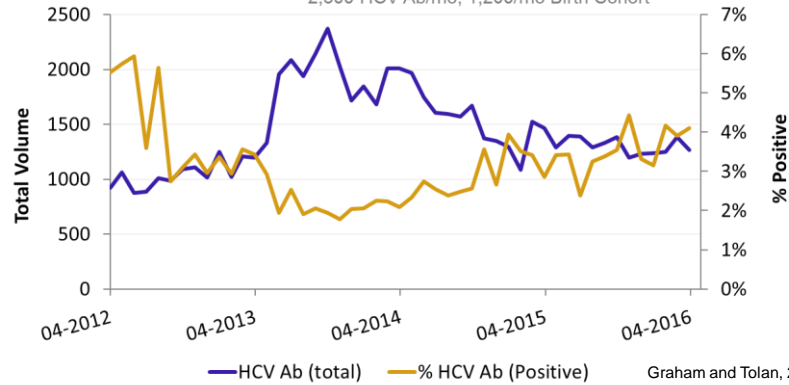
800 HCV Ab/mo, 250 Birth Cohort

**2012 CDC Birth Cohort Screening Guidelines**

1,000 HCV Ab/mo, 440/mo Birth Cohort

**EHR Birth Cohort Prompt**

2,300 HCV Ab/mo, 1,200/mo Birth Cohort



Three-year  
experience  
testing baby  
boomers for  
HCV at BIDMC

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Welcome to the NVHR Hepatitis C Baby Boomer Resources Page

NVHR's program aims to increase the number of people born 1945-1965 (baby boomers) tested for hepatitis C. This page has information for providers, patients, and organizations and highlights the work of our community partners.

**Implementing EMR Prompts**

**Epic EMR Prompts**

**Provider Training**

**Research Articles**

**Patient Resources**

**NVHR Fact Sheets**

**Testing Day Events & Resources**

**Coverage/Coding & Billing**

**Community Partner Activities and Resources**

**PROGRAM QUICKLINKS**

- Hepatitis C Baby Boomer Homepage
- Implementing Electronic Medical Record Prompts
- Epic EMR Prompts
- Provider Training
- Research Articles and Presentations
- Patient Resources
- NVHR Fact Sheets
- Testing Day Events and Resources
- Coverage / Coding and Billing
- Community Partner Activities and Resources

**JOIN NVHR**

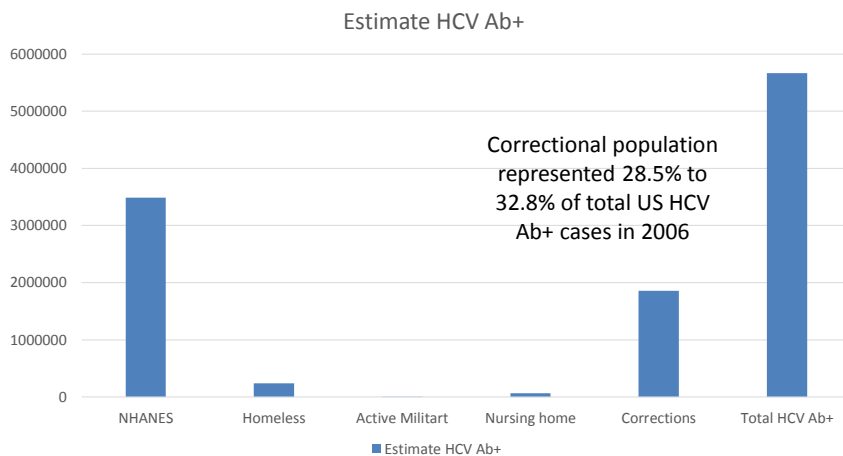
## Populations Still Being Left Behind

- People born outside the 1945-1965 birth cohort (25%)
- People outside health care system
- Incarcerated
- People who inject drugs (PWID)
- Indian Health Services (IHS) covered patients

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## We need to test people where they are, such as prisons



Varan, Public Health Rep 2014; 129:187

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## Treating HCV in PWID

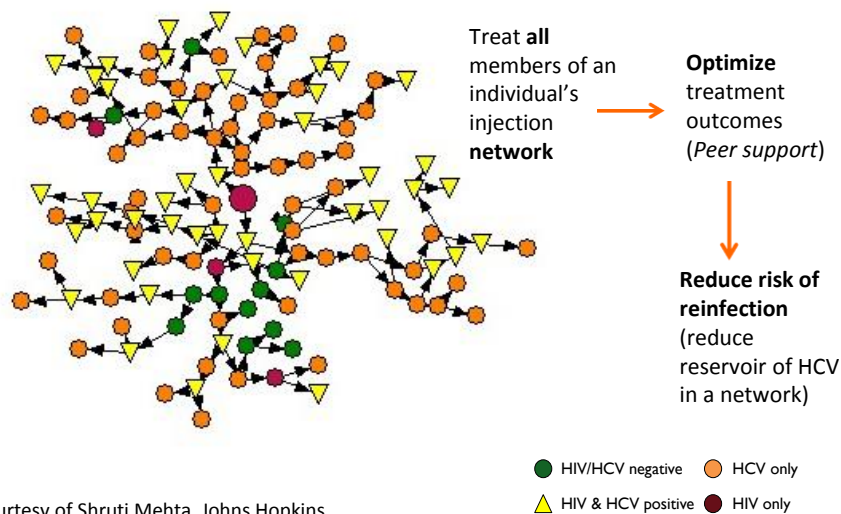
- We have to treat PWID for their own health and to reduce HCV transmission
- People will get re-infected
  - If nobody gets re-infected, we have not been treating the right patients to reduce transmission
- Treating small numbers of patients increases the risk of reinfection
  - Reinfection will increase before it decreases

Negro, CROI 2016.

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## 'Bring Your Friends' Approach May Optimize Treatment and Prevention Outcomes



Courtesy of Shruti Mehta, Johns Hopkins

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## HCV Treatment

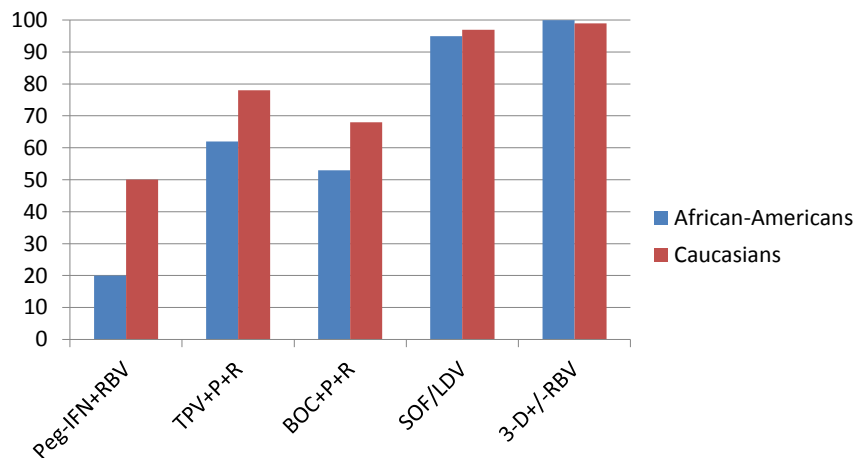
- Seven FDA-approved regimens for genotype 1
  - Three regimens can be used for genotypes 2 and 3
  - A few subgroups require ribavirin (anemia)
- Selection often guided by insurance restrictions
- Most patients receive 12 weeks
- Most receive 1 -3 pills once a day
- All patient groups have a >90% SVR (virological cure) rate, including previously difficult-to-cure
  - HIV, post-liver transplant, liver failure, dialysis

[www.hcvguidelines.org](http://www.hcvguidelines.org)

[integration.samhsa.gov](http://integration.samhsa.gov)

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### African American Patients Have Similar Cure Rates as Caucasians with All-Oral Treatment

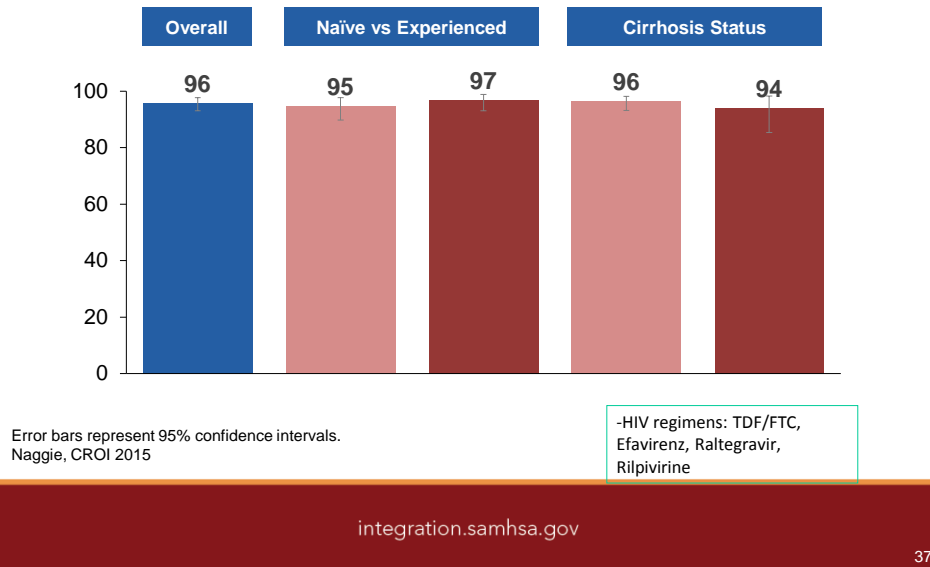


Graham, JAMA 2015

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## Results: SVR12 by Prior Treatment Experience and Cirrhosis Status HIV-HCV (ION-4)



## Drug-Drug Interactions with HIV and HCV Meds (Examples)

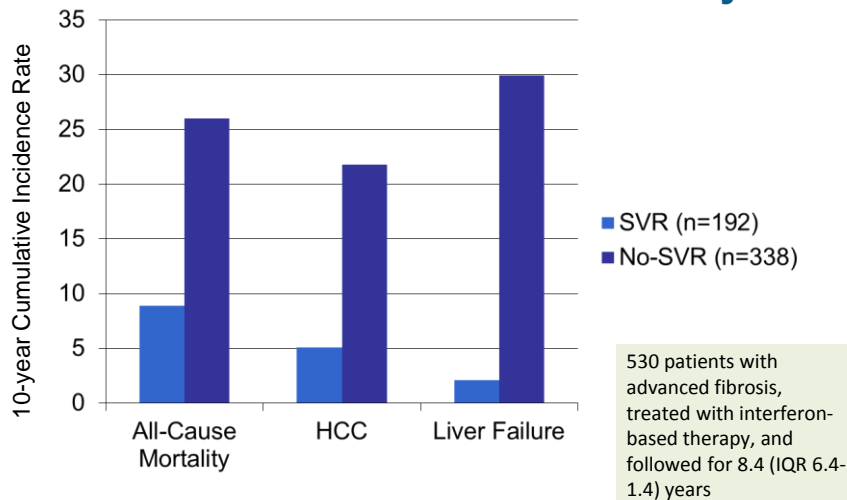
	Grazoprevir/Elbasvir	Ledipasvir	Velpatasvir	Paritaprevir/r/Ombitasvir + Dasabuvir
Ritonavir-boosted atazanavir	GZR ↑, EBR ↑, ATV ↑	LDV ↑; ATV ↑ (avoid TDF)	VEL ↑; ATV ↑ (avoid TDF)	PTV ↑; AVT ↑
Ritonavir-boosted darunavir	GZR ↑, EBR ↑, DRV ↔	LDV ↑; DRV ↔ (avoid TDF)	VEL ↔; DRV ↔ (avoid TDF)	PTV ↑/↓; DRV ↓
Cobicistat-boosted elvitegravir	No data	LDV ↑; Cobicistat ↑ (avoid TDF)	VEL ↑; Cobicistat ↑ (avoid TDF)	No data
Efavirenz	GZR ↓, EBR ↓, EFV ↓	LDV ↓; EFV ↓ (and TDF ↑)	VEL ↓; EFV ↓	No PK data (stopped due to toxicity)
Rilpivirine	GZR ↔, EBR ↔, RPV ↔	LDV ↔; RIL ↔	VEL ↔; RIL ↔	PTV ↑; RIL ↑ (prolonged QTc)
Raltegravir	GZR ↔, EBR ↔, RAL ↑	LDV ↔; RAL ↔	VEL ↔; RAL ↔	PROD ↔; RAL ↑
Dolutegravir	GZR ↔, EBR ↔, DTG ↑	LDV ↔; DTG ↔	VEL ↔; DTG ↔	PTV ↓; DTG ↑
Tenofovir disoproxil fumarate	GZR ↔, EBR ↔, TFV ↑	LDV ↔; TFV ↑	VEL ↔; TFV ↑	PROD ↔; TFV ↔
Tenofovir alafenamide	No data	LDV ↔; TVF ↑	VEL ↔; TFV ↑	No data

Kiser JJ, [www.HCVguidelines.org](http://www.HCVguidelines.org)

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## SVR (Cure) Associated with Decreased All-Cause Mortality



Van der Meer et al. JAMA 2012; 308:2584

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## FibroScan - Transient Elastography

### *Liver biopsies are rarely performed*

- Ultrasound determines velocity of shear wave in m/s, which is proportional to liver stiffness in kilopascal (kPa)
- Entire process requires 15 to 20 minutes, provides immediate results
- Falsely elevated results:
  - High ALT (>100)
  - Eating within 2 hours



Bonder, Curr Gastro Rep 2014; 16:372

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## Continuum of Fibrosis/Cirrhosis in HCV

<7 kPa = Stage 0-1

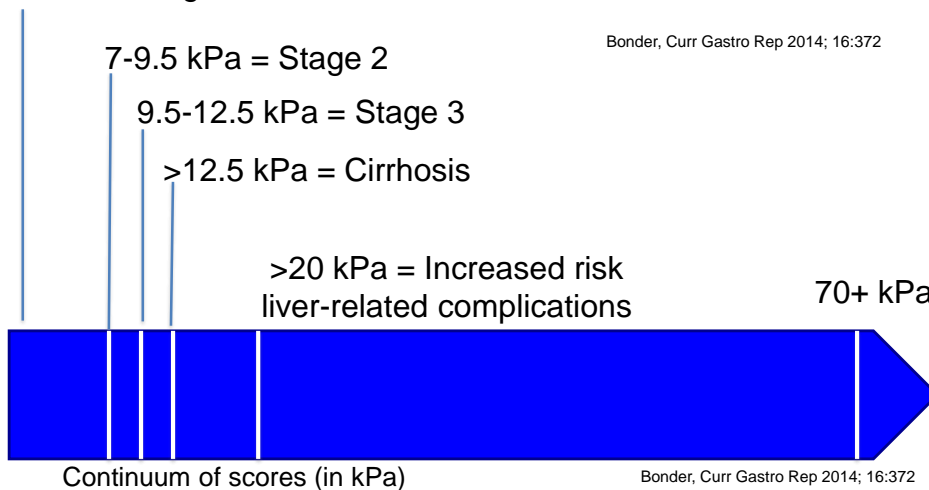
7-9.5 kPa = Stage 2

9.5-12.5 kPa = Stage 3

>12.5 kPa = Cirrhosis

>20 kPa = Increased risk  
liver-related complications

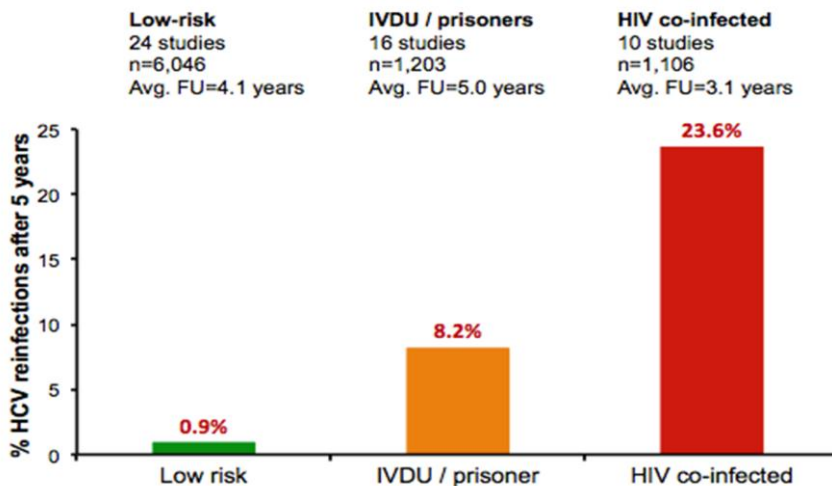
70+ kPa



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## 5-year risk of HCV re-infection post-SVR



Hill, AASLD 2014

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## The Price of New Hepatitis C Regimens Has Diminished Willingness to Screen for HCV

### Are States Illegally Rationing Hep-C Drugs?

Facebook Twitter LinkedIn

### White House Is Pressed to Help Widen Access to Hepatitis C Drugs via Medicaid

#### Report Puts Hep C Price Tag as High as \$5 Billion for California

California taxpayers could be on the hook for billions of dollars to treat hepatitis C patients in various state-funded programs, according to a new report by a trade group for insurers.

Charles Bacchi, president and CEO of the association, said the report underscores what is to come in the near future when more costly prescription drugs are approved. The high costs aren't sustainable for health plans, consumers or taxpayers, Mr. Bacchi said.

With a slew of new high-priced drugs set to hit the market this year ... this report really shows how that debate about their continued bite into health care budgets. The estimated costs have led to policy changes, hearings, lawsuits and ethical debates about who should receive the treatments.

And state Medicaid officials should widen access to cure tens of thousands of people with hepatitis C, can cost up to \$1,000 a pill, health care experts have told

### California Could Spend Nearly \$5 Billion on HCV Drugs Over Next Year

itj in the journals

### Study Shows Medicaid Restrictions for Sofosbuvir Create Barriers for Care

### How to pay the bill for hepatitis C

By D. Steven Fox and Jeffrey S. McCombs

How comes should you wait to treat a possibly fatal but curable disease?

ment. But far from jeopardizing lives, the department is helping to lead the way out of the hepatitis C conundrum with a sensible policy. Treat everyone who needs it, but not until treatment is necessary.

ries and the Veterans Administration aimed at demonstrating to isolated veterans when they needed to embark on a different hepatitis C treatment — an enormous, year-long drug regimen — or have organ

vides a way through the thicket. A California Assn. of Health Plans study released in June estimated that treating the 127,000 Medi-Cal patients with hepatitis C for one year might cost \$438 million to \$1.2 billion.

a new study published in *Annals of Internal Medicine*, researchers found that Medicaid coverage restrictions for

Of the 42 states, 34 restrict sofosbuvir reimbursement on the basis of liver disease stage; 27 restrict sofosbuvir

are professor of the Kirby Institute at UNSW Australia, and co-author of the study, said in the release. "The data sug-

Courtesy of Dr. Paul Pokros, USA

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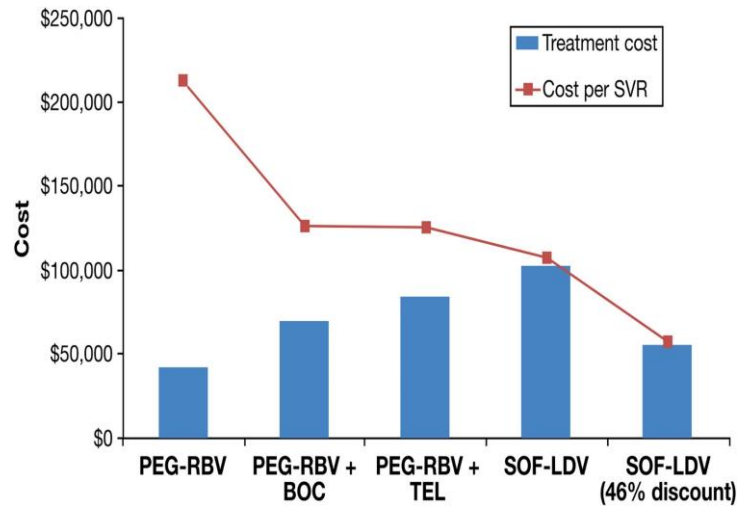
## Current Negative Environment Created By High Price of HCV Drugs

- Confusion and doubt among HCV treaters
- Fear from PCPs about testing and treatment
- Fear/outrage among payers (public and private)
- Hesitation in DPH/public outreach programs
  - Difficulty establishing broad baby boomer testing programs
- Declarations by prisons, states' Medicaid that HCV treatment is not of value
- Rationing of treatment, i.e. F3-F4; substance use
  - Justification for overt discriminatory practices like mandating clean urine samples
- No discussion of cure-as-prevention
- Loss of vision about transformative, curative developments
- Confirmation by patients that they are not "worth" treatment

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## Price per SVR has Decreased in the U.S.



*Clinical Gastroenterology and Hepatology* 2015 13, 1711-1713DOI: (10.1016/j.cgh.2015.06.005)

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## Limitations on Access to HCV Treatments

- **Limits Based on Stage of Fibrosis**
- **Restrictions Based on Substance Use**
- **Prescriber Limitations**
- **Other restrictions**
  - HIV Co-Infection limitations
  - “Once per lifetime” limitations
  - Genotype limitations
  - Previous history of treatment adherence requirements
  - Specialty pharmacy restrictions
  - Exclusivity agreements with insurers

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## MassHealth MCOs Sovaldi Prior Authorization Criteria

	Boston Med. Ctr. Health Net Plan	Neighborhood Health Plan	Tufts Health Plan Network Health	Health New England
Fibrosis	F3-4	F3-4	F3-4	F4
Requirements Related to Substance Use	Not abused substances for 6 months	(For members with past/current issues) abstain from use for 6 months and participation in supportive care	No substance abuse within past 6 months OR receiving counseling services	(Known substance abusers) must have been referred to specialist; abstinence from substance abuse for 6 months; ongoing participation in treatment program; adequate psychosocial supports
Prescriber Limitations	Prescribed by or in consultation with specialist	Prescribed by or in consultation with specialist	Prescribed by specialist	Prescribed by specialist
HIV Co-Infection	Yes, with non-suppressable viral load or elevated MELD scores	Not without meeting additional requirements above	Not without meeting additional requirements above	Yes, if compliant with antiretroviral therapy as indicated by undetectable viral load
Additional Adherence Requirements	No history of nonadherence; enrollment in compliance monitoring program	Individual must demonstrate understanding of the proposed treatment, and display the ability to adhere to clinical appointments	"[M]ember has been assessed for potential nonadherence."	No ongoing non-adherence to previously scheduled appointments, meds or treatment; adherence counseling; willing to commit to monitoring

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**Service Delivery**

- The people most affected by viral hepatitis can be hard to reach.
- People with the most serious need for health care, including people with behavioral health problems, need more support services.

*The Department of Health and Human Services should work with states to build a comprehensive system of care and support for special populations with hepatitis B and C on the scale of the Ryan White system.*

BOARD ON POPULATION HEALTH AND PUBLIC HEALTH PRACTICE

The National Academies of  
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**The National Academies of Sciences recognizes the important of support services for the success of a US viral hepatitis elimination strategy**

[http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=24731&\\_ga=1.36712288.1504790854.1489350354](http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=24731&_ga=1.36712288.1504790854.1489350354)

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## Conclusions

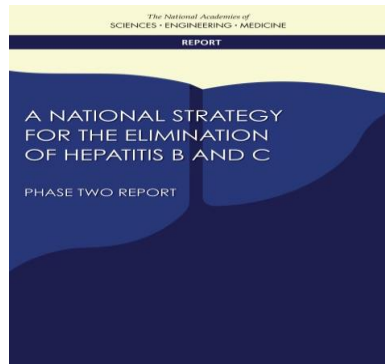
- Hepatitis C can be eliminated in the U.S.
- Requires increasing education, screening, diagnosis, linking patients to care,
- Increasing resources targeted to prevention, access to antiviral treatment, and follow up
- All steps in the HCV care continuum may be improved with patient support
- Advocacy for increased resources for this curable disease will be important

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## Q&A and Group Discussion

## Resource: A National Strategy for the Elimination of Hepatitis B and C



**Suggested citation:** National Academies of Sciences, Engineering, and Medicine. 2017. *A national strategy for the elimination of hepatitis B and C*. Washington, DC: The National Academies Press.

<http://www.nationalacademies.org/hmd/reports/2017/national-strategy-for-the-elimination-of-hepatitis-b-and-c.aspx>

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## MAI-COC Community of Practice Session #3: Sharing Integration Innovations

**Thursday, April 27  
3:00 - 4:30 PM ET**

<https://attendee.gotowebinar.com/register/5865580454380571138>

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## For More Information & Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)



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feedback by completing the survey at the  
end of today's webinar.